



CALFRESH CASE REVIEW FORM TERMINATION/RECERTIFICATION

VALID _____ ERROR _____

SAMPLE#

REASON:

NAME (LAST)	(FIRST)	CASE NUMBER	REVIEW MO/YR
ANALYST	DATE	COUNTY	WORKER NAME

Negative Action Reason:

- | | | |
|------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Residency | <input type="checkbox"/> Verification/information | <input type="checkbox"/> Aid on another case |
| <input type="checkbox"/> Voluntary quit | <input type="checkbox"/> Missed interview | <input type="checkbox"/> IPV/Sanction |
| <input type="checkbox"/> Failure to complete process | <input type="checkbox"/> Over income | <input type="checkbox"/> SAR 7 incomplete |
| <input type="checkbox"/> Household Comp | <input type="checkbox"/> Voluntary discontinuance | <input type="checkbox"/> SAR 7 not received |
| <input type="checkbox"/> Citizenship/Alien Status | <input type="checkbox"/> Ineligible student | <input type="checkbox"/> Other: (_____) |
| <input type="checkbox"/> Failure to sign SOF | <input type="checkbox"/> Work registration | |

TERMINATION

- Was the termination action correct?
Was action taken timely? Date of action _____
- Was there case narration?
Was the case narration sufficient?
- Is there documentation (verification) to support action?
Was a verification letter provided (if applicable)?
- Was the budget calculated correctly?
- Was a termination notice sent? Date _____
Was the NOA reason(s) correct? (verbiage, etc.)
- Were notices sent in correct language?
- Were benefits issued month following termination?
- Were notice(s) dates correct? (CW 2200, etc.)

YES	NO	N/A

RECERTIFICATION

- Last approval NOA (for certification): _____
- Application available in case file?
- Application Signature: Paper / Telephonic / Electronic / Online
- NEC issued _____
- Appointment letter issued _____
- Date of Interview _____
- NOMI issued (if applicable)? Date _____
Was the HH contacted for their interview?
- Was verifications requested?
Was a request letter provided? Date _____
Verifications received (if applicable)? Or not found
- Was the budget calculated correctly?
- Was there case narration?
Was it sufficient?
- Timely NOA provided to the HH? Date _____
- If approved, was HH provided uninterrupted benefits?
- Was the recertification processed timely?
- Were notice(s) date(s) correct? (NOMI, CW2200, etc.)
- Were notices sent in the correct language?

YES	NO	N/A

COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation)